# Chapter 4

# Planning for Moderate Surge

*Healthcare systems in the United States routinely stretch the limits of their capacity, transitioning in and out of operational strategies, such as bed crunching,[[1]](#footnote-1) to buffer a moderate surge in healthcare demand throughout the day.*

## Overview

### Introduction

The previous chapter covered your community's day-to-day delivery of healthcare. In that chapter, you developed a MOC diagram and narrative to describe how your community's healthcare agencies and organizations deliver patient care on a normal, day-to-day basis. However, community healthcare systems all across the United States may experience patient surge on a daily basis that requires expansion of patient care. This chapter focuses on how your community's healthcare system manages moderate surge[[2]](#footnote-2)—an increase in patients and healthcare demand that can be managed within existing facility capabilities and capacities without disturbing or curbing day-to-day services—while still operating within day-to-day operational capabilities. It also prods you and your planning team to start thinking about different scenarios that are likely to occur in your community and how these scenarios will impact planning for moderate surge.

The reason for this chapter's focus on moderate surge planning is threefold:

* Some of your community's healthcare providers may think they have planned for and are prepared to manage moderate surge when, in fact, they are not prepared. This chapter will help you to determine which providers are prepared and which ones are not.
* Community healthcare providers that cannot manage moderate surge will not be able to manage heavy surge resulting from a catastrophic event, such as a severe influenza pandemic or a bioterrorist attack. This chapter will help you to determine the steps that less-than-prepared healthcare providers need to take to be prepared for moderate surge.
* Having your community's healthcare providers prepared for moderate surge is an important step to preparing your community for heavy surge, which is covered in the remaining chapters of this *Framework*.

On a final note, this chapter will help you and your planning team to become more aware of possible triggers that push your community's healthcare system towards activation of a framework or strategy to address patient surge beyond what can be managed on a daily basis. Such a framework or strategy is covered in the next chapter.

### Definitions

**Capability** The range of services a healthcare provider offers

**Capacity** The maximum number of people for which a healthcare provider can deliver its range of services

**Healthcare Provider** Any agency, department, or organization in your community that provides healthcare services

**Moderate Surge** An increase in patients and healthcare demand that can be managed within existing facility capabilities and capacities without disturbing or curbing day-to-day services

**Trigger** An incident or set of circumstances that causes activation of a pre-developed system or plan that is designed to diminish the impact of the event or circumstances (e.g., an alternate care system, an emergency response plan)

**Core Partners** The sectors (i.e., public health, healthcare) and their subsectors (e.g., health departments, hospitals) that play an active role in the day-to-day delivery of healthcare

**Noncore Partners** The sectors (i.e., emergency management, government, support services) and their subsectors (e.g., law enforcement, mayor's office, faith-based organizations, community service organizations) that do not play an active role in the day-to-day delivery of healthcare

### HPP/PHEP Capabilities Addressed by This Chapter

The HPP and PHEP capabilities listed below are addressed by this chapter.

**HPP**

*Capability 1: Healthcare System Preparedness*

Capability 6*: Information Sharing*

*Capability 10: Medical Surge*

**PHEP**

*Capability 1: Community Preparedness*

*Capability 6: Information Sharing*

*Capability 10: Medical Surge*

### What to Expect After Completing This Chapter

* You will have determined how healthcare providers in your community currently cope with moderate surge.
* You will have gained a better understanding of each provider's ability to respond to moderate surge in scenarios likely to occur in your community.
* You will have identified which healthcare providers in your community are prepared for moderate surge and which ones are not.
* You will have identified the resources or assistance that healthcare providers in your community may need to be able to manage moderate surge.
* You will have identified the point at which each provider's capabilities and capacities will become overwhelmed, thus triggering the need to activate another framework/strategy to address patient surge beyond what can be managed on a daily basis.

### Applicability and Scope

Planning for moderate surge is applicable to all communities regardless of size or location. The plan should cover all agencies and organizations represented within the community's healthcare delivery system, including those agencies and organizations that support the healthcare system.

### Assumptions

* A planning team has been established including, but not limited to, representation from core partners.
* A community coalition has been established.
* The planning team and core partners will play an active role in each phase of surge plan development.
* Chapter 2 (Building Planning Teams and Coalitions) has been completed or, at the very least, the planning team (1) has performed an assessment of your community's healthcare providers and those agencies and organizations (i.e., noncore partners) that support them and (2) has conducted a community hazard vulnerability analysis.

### Issues and Barriers to Consider

* Participation of community partners may vary over time as the focus of the planning team and their projects change.
* The engagement of some core partners may require approval of leadership at a national level or higher organization level (e.g., national chain pharmacies).
* You may not be able to be address some problems you may encounter within your community healthcare system with regard to planning for moderate surge (i.e., some things are beyond your control).

## Planning for Moderate Surge

### Overview

This chapter presents a seven-step process that uses and builds upon the information you and your planning team collected in previous chapters:

1. Review and validate scenarios likely to impact your community.
2. Add extra planning team members, as needed, to help you plan for these scenarios.
3. Survey your community healthcare providers to determine how these scenarios will impact their plans for moderate surge.
4. Synthesize and summarize survey information.
5. Validate the survey findings with your community healthcare providers.
6. Develop a report card on moderate surge planning in your community.
7. Brief your community coalition and other decision makers on the survey findings.

Each of these steps includes activities to be completed by you and your planning team. Please note that completing these activities is optional. You and your planning team should determine through the Self-Evaluation Checklist at the end of this chapter if you have collected necessary information and gained requisite knowledge before moving to the next chapter.

### Review and Validate the Scenarios Likely to Impact Your Community

Most, if not all, of your community's healthcare providers have developed plans for moderate surge, but these plans may not account for scenarios likely to impact your community. As a result, you and your planning team should review the medical surge scenarios you identified previously as likely to occur in your community (*Worksheet 2.10* on page 34). The purpose of this review is to make sure that these scenarios are still valid (i.e., the ones most likely to impact your community). Use *Worksheet 4.1* on the next page to update, if needed, your list of scenarios likely to impact your community.

**Note:** Validating the scenarios likely to impact your community is very important because you and your planning team will use these selected scenarios as the basis for the remainder of your work in the *Framework*.

**Worksheet 4.1 – Updated List of Scenarios Likely to Impact Your Community**

**Instructions:** Place a check mark in the box next to the two or three scenarios you and your planning team identified as most likely to impact your community in terms of patient surge.

| **Diseases** | **Natural Disasters** | **Accidents** | **Terrorism** |
| --- | --- | --- | --- |
| Food contamination 🞏 | Earthquake 🞏 | Chemical spill/release 🞏 | Aerosolized anthrax 🞏 |
| Foreign animal disease 🞏 | Fire 🞏 | Chlorine tank explosion 🞏 | Blister agent 🞏 |
| Pandemic influenza 🞏 | Flood 🞏 | Infrastructure collapse 🞏 | Cyber attack 🞏 |
| Plague 🞏 | Hurricane 🞏 | Radiation release 🞏 | Improvised explosive device 🞏 |
| Viral hemorrhagic fevers 🞏 | Snow storm 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Improvised nucleardevice 🞏 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Tornado 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Nerve agent 🞏 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Radiological dispersal device 🞏 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

### Add Extra Planning Team Members

Once you have validated the scenarios likely to impact your community, you should determine if you will need to add extra partners or subject matter experts to your planning team. For example, if you are planning for an earthquake, you will need to have access to the knowledge and expertise of engineers and seismologists. As a result, subject matter experts in these fields should be recruited for your planning team.

Use *Worksheet 4.2* on the next page to identify extra planning team members.

**Worksheet 4.2 – Additional Planning Team Members**

**Instructions:** List the two or three scenarios you identified as likely to impact your community. Next, identify the expertise and knowledge needed on your planning team to help you prepare for these scenarios. Then identify potential agencies or organizations in your community or region that have the required expertise or knowledge. If possible, identify a contact within that agency or organization who can serve on your planning team.

| **Scenario** | **Expertise Needed** | **Potential****Agency/Organization** | **Potential****Contact Name** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

### Survey Your Community Healthcare Providers

An important step to planning for moderate surge is to focus on the capabilities and capacities of your community's healthcare providers, particularly as they transition from their day-to-day operations in a response to a moderate surge event. In particular, this capability/capacity focus should be on the following aspects of the provider's planning:

* **Surge planning** – A healthcare provider cannot manage patient surge if it has not developed a protocol to do so.
* **Management of a reduction in staff** – Increased patient load cannot be managed by decreased staff levels, thus impacting capabilities and capacities.
* **Limitations to increasing capacity** – Understanding the limitations healthcare providers have to respond to patient surge is a key component of developing a framework or strategy to address patient surge beyond what can be managed on a daily basis (covered in the next chapter).
* **Dependency on vendors or other agencies used by other healthcare providers** – Some vendors or agencies may not be available to the healthcare provider during a surge event, thus reducing its capabilities and capacities.
* **Sharing equipment, supplies, or human resources with other providers** – Some healthcare providers have formal or informal agreements to share equipment, supplies, or human resources with other providers during a surge event. If the event is large enough, however, these providers may not be able to share these resources. This, too, will reduce healthcare provider capabilities and capacities.
* **Communication with public health, emergency management, and other healthcare providers** – These entities can assist a healthcare provider during a moderate or heavy surge event. Having interoperable mechanisms to communicate with them is crucial during such an event.
* **Triggers** – When patient surge increases to a level above a healthcare provider's daily capabilities and capacities, the provider may have to request assistance from others to help manage the patient surge. Understanding the events or circumstances that would trigger this request for assistance is a key component of developing a framework or strategy to address patient surge beyond what can be managed on a daily basis (covered in the next chapter).

You can collect this information on your community's healthcare providers using the CAT or other assessment tool and the Moderate Surge Planning Survey.

**Community Assessment Tool**

The CAT or other assessment tool you and your planning team used in Chapter 2 (Building Planning Teams and Coalitions) and Chapter 3 (Documenting Day-to-Day Healthcare Delivery) provided you with some, but not all, of the information needed with regard to your community healthcare providers' capabilities, capacities, and level of planning. (If you have not completed the CAT or another assessment tool for your healthcare providers, you and your planning team will need to do so before proceeding in this chapter.) You should review the results of this assessment with your planning team to compile the requisite information for each healthcare provider. Once you have determined what information is missing, you will need to survey each of your community's healthcare providers using *Worksheet 4.3 – Moderate Surge Planning Survey* to get the missing information.

**Moderate Surge Planning Survey**

The Moderate Surge Planning Survey provided in *Worksheet 4.3* on the next page is designed to help you collect information needed to complete this chapter. You will need to complete a worksheet for each healthcare provider in your community. The instructions for you and members of your planning team to use to complete this worksheet are provided on the next page. (Please note that you may have collected some of this information for some of your community's healthcare providers when working through the previous chapter. If so, please enter the collected information into the survey before sending it out to the healthcare provider.)

**Worksheet 4.3 – Moderate Surge Planning Survey**

**Topics Covered** – This survey covers the following topical areas:

* Capabilities and capacities (used as baseline information)
* Surge planning
* Management of a reduction in staff
* Limitations to increasing capacity
* Dependency on vendors or other agencies used by other healthcare providers in your community
* Sharing equipment, supplies, or human resources with other providers in your community
* Interoperable communication mechanisms
* Identification of triggers
* Self-assessment

**Definition of Terms** – The following terms are used in this survey:

*Capability* The range of services a healthcare provider offers.

*Capacity* The maximum number of people for which a healthcare provider can deliver its range of services.

*Healthcare provider* Any agency, department, or organization in your community that provides healthcare services. Some examples of healthcare providers are hospitals, primary care physicians, urgent care centers, skilled nursing facilities, EMS, or public health departments.

*Moderate surge* An increase in patients and healthcare demand that can be managed within existing facility capabilities and capacities without disturbing or curbing day-to-day services.

*Trigger* An incident or set of circumstances that causes activation of a pre-developed system or plan that is designed to diminish the impact of the event or circumstances (e.g., an alternate care system, an emergency response plan).

**Instructions** – Completing this worksheet can be done in eight steps:

1. Complete one survey for each healthcare provider in your community.
2. Fill in as much of the survey ahead of time as you can with the information you collected from the Community Assessment Tool or other assessment tool.
3. Add the two or three scenarios identified as mostly likely to occur in your community (*Worksheet 4.1*) in the appropriate spaces in this survey.
4. Identify a representative (or representatives) of each healthcare provider in your community who may be willing to help you complete the survey.
5. Contact this representative (or representatives) to schedule a time to meet with him/her in person or to talk to him/her over the telephone. Explain to him/her that the purpose of this requested meeting is fivefold:
	1. Validate information previously collected on the provider.
	2. Determine how the healthcare provider manages moderate surge—an increase in patients and healthcare demand that can be managed within existing facility capabilities and capacities without disturbing or curbing day-to-day services—while still operating within its day-to-day operational capabilities.
	3. Determine how the scenarios identified as likely to occur in your community will impact the healthcare provider's planning for moderate surge.
	4. Determine what assistance your planning team or community coalition can offer to help the provider manage moderate surge in these scenarios.
	5. Determine what circumstances or events would cause the healthcare provider to request assistance to manage a surge of patients.
6. Assure the representative(s) that you will respect the confidentiality of any information that the provider does not want shared with other providers.
7. Meet with these healthcare provider representatives to collect the missing information in the survey. Enter the information into the survey as you talk to them or take notes and enter the information after the meeting.
8. When you have finished meeting with these representatives, explain to them that you will contact them at a future date to review and discuss the results of the survey.

**Participant Information** – Fill in the name of the healthcare provider and its representative(s), including his or her title, in the spaces provided below.

Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interviewer Information** – Fill in the name of the interviewer, his or her title, the organization for which he or she works, and the date(s) the survey was conducted in the spaces provided below.

Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Approximations**

Total Number of Employees: \_\_\_\_\_\_\_\_\_\_

| **Number** | **Number** |
| --- | --- |
| Full-time employees: | Nurse Practitioners: |
| Part-time employees: | Registered Nurses: |
| Nonmedical staff: | Licensed Practical Nurses: |
| Medical Doctors: | Other: |

**Capabilities and Capacities**

| **Capabilities** | **Capacities** |
| --- | --- |
| What are the top five services you offer to the community (i.e., your patients)?  | What is the maximum number of people to which you can offer each of these services in a 24-hour time period? |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| **Surge Planning** |
| --- |
| Do you have a protocol to deal with moderate surge? Yes 🞏 No 🞏 |
| Is your staff familiar with this protocol? Yes 🞏 No 🞏 |
| Have you used this protocol in the past 12 months? Yes 🞏 No 🞏 |
| If you answered "yes," what was the event? What issues were observed with your protocol? |
| Has the protocol been improved as a result of responding to a real-world event? Yes 🞏 No 🞏 |
| If you answered "yes," what improvements were made? |
| Do you think this protocol will function according to its design in the following scenarios? |
| Scenario 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| For each "no" answer, explain why it won't function according to its design: |
| Can your protocol be changed to help you manage patient surge in these scenarios? If so, how? |

| **Reduction in Staff** |
| --- |
| Do you have a plan to deal with a reduction in staff? Yes 🞏 No 🞏 |
| Has your staff been trained to this plan? Yes 🞏 No 🞏 |
| Has this plan been exercised in the past 24 months? Yes 🞏 No 🞏 |
| Has this plan been tested in a real-world event? Yes 🞏 No 🞏 |
| If you answered "yes," what was the event? What issues were observed with your plan? |
| Has the plan been improved as a result of exercising or responding to a real-world event? Yes 🞏 No 🞏 |
| If you answered "yes," what improvements were made? |
| Do you think this plan will function according to its design in the following scenarios? |
| Scenario 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| For each "no" answer, explain why it won't function according to its design: |
| What changes in your plan can you make to deal with a reduction in staff in these scenarios? |

| **Limitations** |
| --- |
| Does your facility have limitations to increasing its capacity in response to moderate surge? Yes 🞏 No 🞏 |
| If you answered "yes," what are the limitations? |
| Have you experienced limitations during a real-world event? Yes 🞏 No 🞏 |
| If you answered "yes," what was the event? How was your response limited? |
| Were you able to address any of the issues you encountered during the real-world event? Yes 🞏 No 🞏 |
| If you answered "yes," what did you do? |
| Do you think you will experience limitations to increasing your facility's capacity in response to moderate surge in the following scenarios? |
| Scenario 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| For each "yes" answer, explain why you will experience limitations: |
| What changes can you make to increase your facility's capacity to respond to patient surge in these scenarios? |

| **Vendors/Agencies** |
| --- |
| Do you use vendors, agencies, or services used by other healthcare providers inyour community? Yes 🞏 No 🞏 |
| If you answered "yes," who/what are the vendors, agencies, or services? |
| Have you experienced problems sharing vendors, agencies, or services with other healthcareproviders in your community during a real-world event? Yes 🞏 No 🞏 |
| If you answered "yes," what was the event? What were the problems? |
| What changes did you make, if any, as a result of this real-world event? |
| Do you think you will experience problems with sharing vendors, agencies, or services with other healthcare providers in your community in the following scenarios? |
| Scenario 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| For each "yes" answer, explain why: |
| What can you do to avoid these problems? |

| **Agreements** |
| --- |
| Do you have memoranda of agreement (MOAs), memoranda of understanding (MOUs), ormutual aid agreements (MAAs) to share equipment, supplies, or human resources with otherhealthcare providers during moderate surge? Yes 🞏 No 🞏 |
| If you answered "yes," what/who are shared and with whom? (Or attach list as necessary) |
| Have you experienced problems sharing equipment, supplies, or human resources with otherhealthcare providers in your community during a real-world event? Yes 🞏 No 🞏 |
| If you answered "yes," what was the event? What were the problems? |
| What changes did you make, if any, as a result of this real-world event? |
| Do you think you will experience problems with sharing equipment, supplies, or human resources with other healthcare providers in your community in the following scenarios? |
| Scenario 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| For each "yes" answer, explain why: |
| What can you do to avoid these problems? |

| **Interoperable Communication** |
| --- |
| Do you have an interoperable mechanism to communicate with public health, emergencymanagement and other healthcare providers during moderate surge? Yes 🞏 No 🞏 |
| Is this mechanism tested on a regular basis or as required by regulation? Yes 🞏 No 🞏 |
| Has this mechanism been tested in a real-world event? Yes 🞏 No 🞏 |
| If you answered "yes," what was the event? What issues were observed with this mechanism? |
| Has the mechanism been improved as a result of exercising or responding to a real-worldevent? Yes 🞏 No 🞏 |
| If you answered "yes," what improvements were made? |
| Do you think this mechanism will function according to its design in the following scenarios? |
| Scenario 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| Scenario 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes 🞏 No 🞏 |
| For each "no" answer, explain why: |
| What changes to your plan can be made to help your prepare for moderate surge in these scenarios? |

| **Triggers** |
| --- |
| Thinking about the two or three scenarios likely to be experienced in our community, what circumstances or events would cause you to request assistance from other providers (i.e., say, "I need help!")? |
| What assistance would you need? |
| From whom would you request it? |
| If this assistance could not be provided, what would you do? |
| What assistance can you offer other healthcare providers in the community? |

| **Self-Assessment** |
| --- |
| Please rate your department/facility/office for each of the topic areas covered in this survey. |
| 1. Surge protocols

 Adequate 🞏 Needs Improvement 🞏 |
| If you checked "Needs Improvement," do you need help making this improvement? If so, what help do you need? |
| 1. Management of a reduction in staff

 Adequate 🞏 Needs Improvement 🞏 |
| If you checked "Needs Improvement," do you need help making this improvement? If so, what help do you need? |
| 1. Limitations to increasing capacity

 High 🞏 Moderate 🞏 Low 🞏 None 🞏 |
| 1. Dependency on vendors or other agencies used by other providers in your community

 High 🞏 Moderate 🞏 Low 🞏 None 🞏 |
| 1. Ability to share equipment, supplies, or human resources with other providers

 Adequate 🞏 Needs Improvement 🞏 |
| If you checked "Needs Improvement," do you need help making this improvement? If so, what help do you need? |
| 1. Ability to communicate with public health, emergency management, and other healthcare providers

 Adequate 🞏 Needs Improvement 🞏 |
| If you checked "Needs Improvement," do you need help making this improvement? If so, what help do you need? |
| 1. Ability to identify circumstances or events that would cause you to request assistance from other providers in the three scenarios likely to occur in our community

 Adequate 🞏 Needs Improvement 🞏 |
| If you checked "Needs Improvement," do you need help making this improvement? If so, what help do you need? |

### Synthesize and Summarize Survey Information

The next step is for you and your planning team to meet to synthesize and summarize the information you collected in *Worksheet 4.3 – Moderate Surge Planning Survey*. In particular, you want to look at this information to determine each healthcare provider's ability to manage moderate surge while still operating within day-to-day operational capabilities. As you synthesize and summarize the information, look for issues or gaps in planning that need to be addressed by the provider. Use *Worksheet 4.4* on the next page to document these issues or gaps.

**Worksheet 4.4 – Issue/Gap Identification**

**Instructions:**

1. Fill out one worksheet for each healthcare provider for which you filled out *Worksheet 4.3 – Moderate Surge Planning Survey*.
2. Write down each issue/gap that you identified for each topic area in *Worksheet 4.3* in the space provided below.
3. Next, write down your observations (i.e., a description of why it is an issue or gap) in the space provided.
4. Then write down potential solutions for addressing the issue/gap in the space provided.
5. Finally, list assistance that the planning team or other community agencies or organizations can offer or tools that the provider could use to address identified issues or gaps.
6. For the "Self-Assessment" section of this worksheet, list only the topic areas where you and your planning team disagree with the healthcare provider's self-assessment. Provide your rationale for this disagreement in the space provided.
7. Present your completed worksheets to your community healthcare providers for validation (covered in the next section).

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surge Planning**

| **Issue/Gap** | **Observation** | **Potential Solution** | **Assistance/Tools** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Reduction in Staff**

| **Issue/Gap** | **Observation** | **Potential Solution** | **Assistance/Tools** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Limitations**

| **Issue/Gap** | **Observation** | **Potential Solution** | **Assistance/Tools** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Vendors/Agencies**

| **Issue/Gap** | **Observation** | **Potential Solution** | **Assistance/Tools** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Agreements**

| **Issue/Gap** | **Observation** | **Potential Solution** | **Assistance/Tools** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Interoperable Communication**

| **Issue/Gap** | **Observation** | **Potential Solution** | **Assistance/Tools** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Triggers**

| **Issue/Gap** | **Observation** | **Potential Solution** | **Assistance/Tools** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Self-Assessment**

| **Provider Self-Assessment** | **Planning Team Rating** | **Rationale for Planning Team Rating** |
| --- | --- | --- |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |

### Validate Survey Findings with Your Community Healthcare Providers

Your next step is to reconvene with the community healthcare providers you surveyed to review your survey findings and your observations on issues or gaps in planning that you identified, potential solutions to addressing these issues/gaps, and assistance or tools that could benefit the provider. You and your planning team can meet with these providers in person or on the telephone individually or as a group. If you are considering meeting with them as one large group, remember to consider any confidential or sensitive information about a provider that should not be shared with others.

Use the information on the next page to guide you through your discussions with your community healthcare provider representatives.

| **Guide for Presenting Survey Findings** |
| --- |
| 1. Thank the representative(s) for agreeing to meet with you.
2. Review the information you collected for a topic area (e.g., reduction in staff) in the Moderate Surge Planning Survey with the representative(s). Ask if this information is correct. Document any corrections. Do not review Topic 8: Self-Evaluation with them at this time. That review is covered in #4 below.
3. Once you have reviewed the information gathered for the survey topic area, go over the issues or gaps in planning that you identified for that topic area, potential solutions to addressing these issues/gaps, and assistance or tools that could benefit the provider (from *Worksheet 4.4 – Issue/Gap Identification*). Ask the representative(s) if he/she agrees with your assessment. Document any corrections.
4. After your discussion of the topic area, review the provider's self-assessment on the topic area and ask the representative(s) if he/she still thinks the assessment is correct. Inform the representative(s) of any disagreements you or your planning team have with the provider's self-assessment. Try to reach agreement on a reasonable assessment for the topic area.
5. After you have reviewed and discussed each survey topic area, ask the healthcare provider representative(s) what assistance they think your community planning team could offer to the provider itself or to the community as a whole with regard to moderate surge planning. Document their response.
6. Inform the representative(s) that you and your planning team will be sharing the findings with the community coalition and other decision makers. Ask them to identify any information they don't want shared with the coalition.
 |

### Develop a Report Card on Moderate Surge Planning

Before you and your planning team meet with your community coalition, you need to develop a report card for each type of healthcare provider to present to the coalition. This report card is presented in *Worksheet 4.5 – Report Card: Moderate Surge Planning by Category* on the next page.

#### Healthcare Provider Report Card: Moderate Surge Planning

In this chapter, your focus so far has been on individual healthcare providers in your community. Now you need to break them down into the categories of healthcare providers present in your community (see examples below) and then grade the preparedness of each category in terms of moderate surge planning. You will prepare this report card by rolling up the information you collected on each individual provider (*Worksheet 4.3 – Moderate Surge Planning Survey*) into a "snapshot" of the overall preparedness of the category of healthcare provider. For example, your community may have 10 doctors' offices that would be categorized as primary care providers. Using *Worksheet 4.5 – Report Card: Moderate Surge Planning by Category* (on the next page), you will tabulate the information you collected on all 10 doctors' office into a single worksheet to allow you to look at the moderate surge preparedness level for primary care providers as a whole in your community.

The most common categories of community healthcare providers are listed below.

**Common Categories of Healthcare Providers**

| **Category** | **Category** |
| --- | --- |
| Hospitals | Long-term care/skilled nursing/assisted living providers |
| VA medical centers | Home health providers |
| EMS | Hospice care providers |
| Outpatient/walk-in clinics | Palliative care providers |
| School clinics | Mental health providers |
| Urgent care centers | Pharmacies |
| Primary care providers | Public health departments |

You will need to complete one worksheet for each category of healthcare provider in your community.

**Worksheet 4.5 – Report Card: Moderate Surge Planning by Category**

**Instructions:**

1. Separate *Worksheet 4.3 – Moderate Surge Planning Survey* into healthcare provider categories using the list above as a guide. Some of these categories may not be present in your community.
2. Follow the process described below for each healthcare provider category:
	1. Using *Worksheet 4.3 – Moderate Surge Planning Survey*, review each of the topic areas listed below one by one for each healthcare provider in a category. In the example given on the previous page, you would review "Surge Protocols" for all 10 primary care providers and then "Plan for Staff Reduction" for all 10 providers and so forth until you had reviewed all topic areas:
		* Surge Protocols
		* Plan for Staff Reduction
		* Limitations to Increasing Capacity
		* Dependency of Vendors/Agencies
		* Ability to Share Equipment, Supplies, or Human Resources
		* Interoperable Communication Mechanisms

As you review these topic areas, count the number of healthcare providers that you and your planning team rated as, for example, *Adequate* or *Needs Improvement* and write the number in the space provided under the "Roll Up of Healthcare Provider Survey Information" section of *Worksheet 4.5*. Continue this process until all of the ratings for each healthcare provider have been tabulated for each topic area.

For example, using the 10 primary care providers mentioned earlier, you may find that, when looking at Surge Protocols, four providers were rated as "Adequate" and six were rated as "Needs Improvement." You will write these numbers in the space provided on the worksheet as shown in the example to the right. **Surge Protocols**

| **Rating** | **No. of Providers** |
| --- | --- |
| AdequateNeeds improvement | 46 |

* 1. Next, look at each topic area and the numbers you wrote down next to the items in the "Rating" column. Use these numbers to help you and your planning team rate the overall preparedness of the category for that topic area. Place a check in the appropriate checkbox for each topic area listed in the *Overall Rating for Provider Category* section of the worksheet. In the example of the 10 primary care providers, you may rate the primary care provider category as "Needs Improvement," and you would check the corresponding box.

 **Surge Protocols**

| **Rating** |
| --- |
| 🞏 Adequate🗹 Needs improvement |

1. Next, using *Worksheet 4.3 – Moderate Surge Planning Survey*, review the "Triggers" section for each healthcare provider in the category. Identify trends that are common across all providers in the category for each of the questions asked in the "Triggers" section. Write these trends in the space provided on *Worksheet 4.5 – Report Card: Moderate Surge Planning by Category*.

In the example of the 10 primary care providers, you would look at the information provided by each provider for each question to determine common themes and trends. You would then write these themes or trends in the space provided on the report card.

1. Next, in the "Self-Assessment" section of *Worksheet 4.5*, note any unresolved issues that you and your planning team have with a healthcare provider with regard to the provider's self-assessment in a topic area.
2. Next, using *Worksheet 4.4 – Issue/Gap Identification*, list in the space provided on *Worksheet 4.*5 the common issues or gaps in planning that you and your planning team noted for the healthcare providers in the category.
3. Finally, rate the overall preparedness of the healthcare provider category in terms of moderate surge planning by placing a check in the appropriate box.
4. Be prepared to discuss this rating with your community coalition.

**Healthcare Provider Category:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Roll Up of Healthcare Provider Survey Information**

**Surge Protocols**

| **Rating** | **Number of Providers** |
| --- | --- |
| Adequate | To be filled in |
| Needs Improvement | To be filled in |

**Plan for Staff Reduction**

| **Rating** | **Number of Providers** |
| --- | --- |
| Adequate | To be filled in |
| Needs Improvement | To be filled in |

**Limitations to Increasing Capacity**

| **Rating** | **Number of Providers** |
| --- | --- |
| High | To be filled in |
| Moderate | To be filled in |
| Low | To be filled in |
| None | To be filled in |

**Dependency on Vendors/Agencies**

| **Rating** | **Number of Providers** |
| --- | --- |
| High | To be filled in |
| Moderate | To be filled in |
| Low | To be filled in |
| None | To be filled in |

**Ability to Share Equipment, Supplies, or Human Resources**

| **Rating** | **Number of Providers** |
| --- | --- |
| Adequate | To be filled in |
| Needs Improvement | To be filled in |

**Interoperable Communication Mechanisms**

| **Rating** | **Number of Providers** |
| --- | --- |
| Adequate | To be filled in |
| Needs Improvement | To be filled in |

**Overall Rating for Provider Category**

**Surge Protocols**

| **Rating** |
| --- |
|  🞏 Adequate 🞏 Needs improvement |

**Plan for Staff Reduction**

| **Rating** |
| --- |
|  🞏 Adequate 🞏 Needs improvement |

**Limitations to Increasing Capacity**

| **Rating** |
| --- |
|  🞏 High 🞏 Moderate 🞏 Low 🞏 None |

**Dependency on Vendors/Agencies**

| **Rating** |
| --- |
|  🞏 High 🞏 Moderate 🞏 Low 🞏 None |

**Ability to Share Equipment, Supplies, or Human Resources**

| **Rating** |
| --- |
|  🞏 Adequate 🞏 Needs improvement |

**Interoperable Communication Mechanisms**

| **Rating** |
| --- |
|  🞏 Adequate 🞏 Needs improvement |

**Trends, Unresolved Issues, and Planning Gaps**

| **Triggers** |
| --- |
| To be filled in |

| **Self-Assessment** |
| --- |
| To be filled in |

| **Issues/Gaps in Planning** |
| --- |
| To be filled in |

**Healthcare Category Rating**

**Healthcare Provider Category:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Rating** |
| --- |
|  🞏 Prepared 🞏 Somewhat prepared 🞏 Not prepared |

### Brief Your Community Coalition and Other Decision Makers

*A healthcare coalition is formed to aid in developing a coordinated healthcare response and recovery capability within a community. . . . The main focus of coalition members should be on cooperation and collaboration to achieve the mission, goals, and objectives set by the planning team and the leaders of the coalition.*

From Chapter 2 "Building Planning Teams and Coalitions"

One of the responsibilities of your community coalition is to provide input and support to the planning team on the development of strategies to address community planning issues and gaps. In this chapter, you and your planning team identified issues and gaps with regard to your community healthcare providers' planning for moderate surge. Now, as a final step, you and your planning team should share your findings with your community coalition and other decision makers to get their input and their recommendations on how to properly address the issues and gaps you identified.

When you meet with your coalition, you may want to invite the healthcare provider representatives you surveyed to participate in the meeting so that they can provide their input if needed and answer any questions coalition members may have. The key point here is that these provider representatives should not feel excluded from the process.

Prior to meeting with your coalition, you and your planning team should complete *Worksheet 4.6 – Community Healthcare Provider Survey Process* (on the next page). As the name implies, this worksheet helps to provide a description of the community healthcare provider survey process. You will give this completed worksheet to coalition members when you meet with them to show them what steps you took to gather the information you are about to present to them, why you took these steps, and who was involved.

**Worksheet 4.6 – Community Healthcare Provider Survey Process**

**Instructions:**

1. List the objective(s) you and your planning team were trying to accomplish with the survey in the space provided.
2. List the healthcare providers who participated in the survey in the space provided.
3. Provide a short, written description of the process used to collect, synthesize, and analyze the survey information.

| **Objective of the Survey** |
| --- |
| To be filled in |

**Participating Healthcare Providers**

| **Name** | **Name** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

| **Narrative Description of the Survey Process** |
| --- |
| To be filled in |

Once you have completed this worksheet, you should convene a meeting of your community coalition to review and discuss the findings of your community healthcare provider survey. A suggested agenda for this meeting is provided below.

| **Suggested Coalition Meeting Agenda*****Findings: Community Moderate Surge Planning*** |
| --- |
| * **Welcome/Introductions** – Welcome coalition members to the meeting. Introduce planning team members and healthcare provider representatives who are in attendance. Have coalition members introduce themselves.
* **Purpose of the Meeting** – Remind the coalition why they are attending the meeting, what you plan to explain to them, and what you expect from them.
* **Survey Process** – Hand out *Worksheet 4.6 – Community Healthcare Provider Survey Process*. While coalition members are reading it, give a brief overview of the process.

You also may want to provide blank copies of *Worksheet 4.3 – Moderate Surge Planning Survey* to coalition members or make copies of the survey available for review.* **Report Card** – Hand out *Worksheet 4.5 – Report Card: Moderate Surge Planning by Category* that you completed for each healthcare provider category. Provide an overview of the key findings for each category.
	+ Discuss your observations on overall deficiencies and issues/gaps in planning for the category and your recommended solutions to these issues/gaps with the coalition.
	+ Complete *Worksheet 4.7 – Deficiency/Issue/Gap Resolution Action Plan* (on the next page) with the assistance of your coalition.
* **Meeting Recap/Review** – Provide a brief overview of the recommendations of the planning team or coalition and the tasks identified as necessary to fulfill these recommendations.
* **Adjourn** – Thank all in attendance for coming to the meeting. Adjourn the meeting.
 |

**Worksheet 4.7 – Deficiency/Issue/Gap Resolution Action Plan**

**Instructions:** This worksheet should be used when you and your planning team meet with your community coalition to discuss the status of moderate surge planning by your community's healthcare providers. Here is what you need to do to complete this worksheet:

1. Prior to the meeting, list the deficiencies, issues, and gaps you identified on *Worksheet 4.5 – Report Card: Moderate Surge Planning by Category.*
2. Prioritize these deficiencies, issues, or gaps in terms of high priority (needs to be addressed right away), medium priority (needs to be addressed within 3 to 6 months), and low priority (needs to be addressed as determined by the coalition).
3. Document your coalition members' recommendations for addressing these issues/gaps.
4. Delegate responsibility for accomplishing recommended tasks.
5. Identify a timeframe for accomplishing these tasks.

| **Deficiency/****Issue/Gap** | **Priority\*** | **Recommendation** | **Person(s)/Group responsible for action plan** | **Due Date** | **Complete?** |
| --- | --- | --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in | 🞏 |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in | 🞏 |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in | 🞏 |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in | 🞏 |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in | 🞏 |

**\*** Deficiencies, issues, or gaps given a high or medium priority should be addressed before your planning team begins work on the next chapter.

*Worksheet 4.7* concludes this chapter on moderate surge planning. When you have completed it, you should move to the self-evaluation checklist on the next page to make sure that your planning team is prepared to move on to the next chapter in the *Framework*.

## Self-Evaluation Checklist

**Chapter 4 – Planning for Moderate Surge Self-Evaluation Checklist**

**Instructions:** Use this checklist to make sure you have completed all the tasks for planning for moderate surge.

**Planning Scenarios**

| **Task** | **Complete?** |
| --- | --- |
| The two or three scenarios identified as likely to impact the community have been reviewed and validated. (*Worksheet 4.1*) | 🞏 |

**Additional Planning Team Members**

| **Task** | **Complete?** |
| --- | --- |
| Subject matter expertise needed to plan for these scenarios has been identified. (*Worksheet 4.2*) | 🞏 |
| Subject matter experts have been identified and contacted. | 🞏 |
| The planning team makeup has been expanded to include these subject matter experts. | 🞏 |

**Community Healthcare Provider Survey**

| **Task** | **Complete?** |
| --- | --- |
| Community healthcare providers to be surveyed have been identified. | 🞏 |
| Representatives of these providers have been identified, contacted, and have agreed to participate in the survey. | 🞏 |
| Data collected from the *Community Assessment Tool* or another assessment tool have been used to populate portions of *Worksheet 4.3 – Moderate Surge Planning Survey.* | 🞏 |
| Planning team members have met with healthcare provider representatives to complete a survey for each participating provider in the community. | 🞏 |
| The Moderate Surge Planning Survey has been completed by all relevant healthcare provider representatives. (*Worksheet 4.3*) | 🞏 |

**Survey Data Synthesis**

| **Task** | **Complete?** |
| --- | --- |
| Survey data for each healthcare provider have been reviewed to identify issues or gaps in moderate surge planning for the provider. (*Worksheet 4.4*) | 🞏 |
| Observations on these issues/gaps have been documented. (*Worksheet 4.4*) | 🞏 |
| Recommended solutions for addressing these issues/gaps have been documented. (*Worksheet 4.4*) | 🞏 |
| Assistance and tools that can help the provider have been documented. (*Worksheet 4.4*) | 🞏 |

**Survey Findings Validation**

| **Task** | **Complete?** |
| --- | --- |
| Planning team members have met with healthcare provider representatives to review survey findings. | 🞏 |
| Issues or gaps in planning identified by the planning team have been discussed with the representatives and modified as needed. | 🞏 |
| Healthcare provider self-assessments have been discussed and modified as needed. | 🞏 |
| Providers have identified assistance that the planning team could offer them. | 🞏 |

**Moderate Surge Planning Report Card**

| **Task** | **Complete?** |
| --- | --- |
| A report card on preparedness for moderate surge by healthcare provider category has been developed. (*Worksheet 4.5*) | 🞏 |

**Coalition Briefing**

| **Task** | **Complete?** |
| --- | --- |
| A short description of the healthcare provider survey process has been developed. (*Worksheet 4.6*) | 🞏 |
| The community coalition has been briefed on the survey process and the moderate surge planning report card. | 🞏 |
| Deficiencies, issues, and gaps have been identified, discussed, prioritized, and assigned to a person(s) or group for follow-up. (*Worksheet 4.7*) | 🞏 |
| Deficiencies, issues, and gaps given high priority for resolution have been resolved. | 🞏 |

## Conclusion

Working through this chapter undoubtedly has been a time-consuming process, but a process you needed to complete before you and your planning team can move on to the next chapter in the *Framework*. If you have identified major gaps in planning or other issues with regard to the preparedness level for moderate surge in your community's healthcare providers, you should address them before trying to move further in the *Framework*.

If you think that your planning team and community coalition have helped your community's healthcare providers to prepare for moderate surge, please go to the next chapter to begin working on your community's preparedness for heavy surge, which is defined as an increase in patients and healthcare demand that cannot be managed on a daily basis and interrupts day-to-day healthcare services.

## References and Resources

**CDC Office of Public Health Preparedness and Response, Healthcare Preparedness Activity, Planning Resources by Setting**

<http://www.cdc.gov/phpr/healthcare/planning.htm>

CDC has provided a list of resources to help healthcare facility personnel plan for possible public health emergencies. These tools are intended for healthcare planners within the specified settings, such as hospitals, urgent care and long-term care, who are tasked with ensuring their facility is prepared to respond to a public health emergency.

**Coordinating Call Centers for Responding to Pandemic Influenza and Other Public Health Emergencies: A Workbook for State and Local Planners**

<http://www.cdc.gov/phpr/healthcare/documents/FinalCallCenterWorkbookForWeb.pdf>

This CDC workbook provides a six-step process of developing a coordinated call center system and includes worksheets to fill out through each step of the development process.

**Coordinating Pediatric Medical Care During an Influenza Pandemic: Hospital Workbook**

<http://www.cdc.gov/phpr/healthcare/documents/hospital_workbook.pdf>

This CDC workbook is intended to assist hospitals with coordinating medical care for pediatric influenza-like illness within their communities. This tool can be adapted for use during pandemic spread of a novel influenza virus.

**Hospital All-Hazards Self-Assessment Interactive Tool**

<http://www.cdc.gov/phpr/healthcare/documents/DSNS-HAH_Portfolio.Final.pdf>

This interactive tool is designed to help hospital personnel assess and identify potential gaps in their facility's all-hazards emergency plan(s). The tool is intended for use by hospital preparedness staff, including planners, administrators, and other key personnel.

**Hospital Discussion Guide for Pandemic Influenza Planning**

<http://www.cdc.gov/phpr/healthcare/documents/Discussion_Guide_for_Hospitals.pdf>

This discussion guide is designed for a community hospital, with the focus being on those personnel within the hospital for whom pandemic influenza preparedness or response planning is a job responsibility.

**Long-term, Home Health, and Hospice Care Planning Guide**

(To be available soon)

This guide is designed to be used by a team of interested partners who are task oriented and focused on improving their long-term, home health, or hospice care facility's/agency's preparedness for a public health emergency. It focuses on six topic areas identified by meeting stakeholders: situational awareness, continuity of operations, facility/agency operations, crisis standards of care, staffing, and fatality management.

**Medical Office Preparedness Planner, A Tool for Primary Care Provider Offices**

<http://www.cdc.gov/phpr/healthcare/documents/Medical__Office_Preparedness_Planner.PDF>

This tool was developed by CDC for primary care providers and office managers to use to develop a pandemic influenza plan for their office, and then integrate their plan into the broader community plan. Likewise, it can also help familiarize community partners, such as public health and emergency management, with the planning, preparations, and challenges facing primary care provider offices in the event of a pandemic. It can be tailored to any primary care provider office, regardless of size, location, or resources.

**Public Health Discussion Guide for Pandemic Influenza Planning**

<http://www.cdc.gov/phpr/healthcare/documents/Discussion_Guide_for_Public_Health.pdf>

This discussion guide is designed for a community public health department, with the focus being on those personnel within the department for whom pandemic influenza preparedness or response planning is a job responsibility.

**Surge Capacity Principles: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

This article by the American College of Chest Physicians Task Force for Mass Critical Care provides consensus suggestions for expanding critical care surge capacity and extension of critical care service capabilities in disasters or pandemics. It focuses on the principles and frameworks for expansion of intensive care services in hospitals in the developed world. A companion article addresses surge logistics, those elements that provide the capability to deliver mass critical care in disaster events. The suggestions in this article are important for all who are involved in large-scale disasters or pandemics with injured or critically ill multiple patients, including front-line clinicians, hospital administrators, and public health or government officials.

**Surge Capacity Logistics: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

Successful management of a pandemic or disaster requires implementation of preexisting plans to minimize loss of life and maintain control. Managing the expected surges in intensive care capacity requires strategic planning from a systems perspective and includes focused intensive care abilities and requirements as well as all individuals and organizations involved in hospital and regional planning. The suggestions in this article by the American College of Chest Physicians Task Force for Mass Critical Care are important for all involved in a large-scale disaster or pandemic, including front-line clinicians, hospital administrators, and public health or government officials. Specifically, this article focuses on surge logistics—those elements that provide the capability to deliver mass critical care.

**Triage: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

Pandemics and disasters can result in large numbers of critically ill or injured patients who may overwhelm available resources despite implementing surge-response strategies. If this occurs, critical care triage, which includes both prioritizing patients for care and rationing scarce resources, will be required. The suggestions in this chapter by the American College of Chest Physicians Task Force for Mass Critical Care are important for all who are involved in large-scale pandemics or disasters with multiple critically ill or injured patients, including front-line clinicians, hospital administrators, and public health or government officials.

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1. Utilizing an available space (e.g., pre-operative area, surgical intensive care unit) to triage patients in order to meet an increase in patients. [↑](#footnote-ref-1)
2. IOM's term, *conventional capacity*, also would apply to moderate surge as defined in this paragraph because the healthcare system is still operating within day-to-day operational capabilities. [↑](#footnote-ref-2)